

## DRIVING SCHOOL INSURANCE CERTIFICATE

	DRIVING SCHOOL NUMBER	
	DRIVING SCHOOL NUMBER	
	TELEPHONE NUMBER	
CITY	STATE ZIP CODE	
Citi	STATE ZIF GODE	
EFFECTIVE*	EFFECTIVE*	
From:	To:	
LIC PLT #, YEAR, MAKE AND VI		
LIC PLT #, YEAR, MAKE AND VII	N#	
LIC PLT #, YEAR, MAKE AND VII	N#	
ICATION(S)	TELEPHONE NUMBER	
	( )	
CITY	STATE ZIP CODE	
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I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify, the company signatory hereto, duly authorized to do business in the State of California hereby certifies that it has issued to the above policyholder, an insurance policy to assure compliance by the insured, as a driving school with §11103 of the California Vehicle Code and the regulations relating thereto.

I also certify that such policy is in full force and effect on the date hereof and shall not be cancelled except upon the expiration of a thirty day prior written notice to the Department and is further described as below:

PRINTED NAME OF AUTHORIZED INS. CO. REPRESENTATIVE	SIGNATURE OF AUTHORIZED INS. CO. REPRESENTATIVE	DATE	
	X		

## Insurance Requirements (California Vehicle Code)

11103. A driving school owner and an independent instructor licensed under §11105.5 shall maintain bodily injury and property damage liability insurance on motor vehicles while being used in driving instruction, insuring the liability of the driving school, the driving instructor, and any person taking instruction in at least the following amounts: one hundred fifty thousand dollars (\$150,000) for bodily injury to or death of one person in any one accident and, subject to the limit for one person, three hundred thousand dollars (\$300,000) for bodily injury to or death of two or more persons in any one accident, and the amount of fifty thousand dollars (\$50,000) for damage to property of others in any one accident.

The owner or instructor shall file evidence of that insurance coverage in the form of a certificate from the insurance carrier with the Department, and the certificate shall stipulate that the insurance shall not be cancelled except upon 30 days' prior written notice to the Department.

\*If you choose to enter "continuous" or "until cancelled" in this space, this certificate will remain valid until it has been cancelled or terminated. If a date is entered, a new certificate must be **on file before** that date with the Department of Motor Vehicles to avoid suspension of the driving record.

Please provide a copy of this form to the policyholder and mail the completed form to:

Department of Motor Vehicles Occupational Licensing Section P.O. Box 932342 MS – L224 Sacramento, CA 94232-3420

